



3910 Perkins Ave
Huron, OH 44839

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Fillable Application)

Position Applied For:	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement in _____	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Website
<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	E-mail	

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full-Time (All Days of the week)
 Part-Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available) _____ - _____
 Seasonal (Please indicate dates available) _____ - _____

Are there any days of the week in which you CANNOT work? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a valid driver's license? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

EMPLOYMENT EXPERIENCE continued

3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Please explain any gaps in employment or additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job has been given. _____ YES _____ NO

REFERENCES

1.	_____	_____
	(Name)	Phone Number
	_____	_____
	(Address)	Relationship to you?
2.	_____	_____
	(Name)	Phone Number
	_____	_____
	(Address)	Relationship to you?
3.	_____	_____
	(Name)	Phone Number
	_____	_____
	(Address)	Relationship to you?

APPLICANT'S STATEMENT (Signature Required for Application to be Complete)

I certify that all information I have provided herein is true and complete. I agree and understand that omissions, misstatements, and falsifications in my application or interview(s) may be cause for rejection of this application or all eligibility to any employment with Erie MetroParks, removal of my name from eligibility lists, or discharge from service, whenever it is discovered.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that any offer of employment may be contingent upon successful completion of a pre-employment background investigation and drug and/or alcohol testing, as required.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States and additionally understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I (*the Employee*) may resign at any time and that Erie MetroParks (*the Employer*) may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization, and that this application does not constitute an agreement or contract of employment for any specified period or definite duration. I further understand that all conditions of employment including, but not limited to hours, benefits, salary, rules and regulations are subject to change by Erie MetroParks at any time and that no representative of Erie MetroParks is authorized to make any assurances or modifications to the Contrary; implied, oral, or written, unless they are in writing and signed by an authorized executive of this organization.

I understand, also, that I am required to abide by all rules and regulations of Erie MetroParks.

Signature of Applicant

Date

Email Address: _____

So that you are aware of our procedures, with your written permission, we order motor vehicle, security and other reports. This information will be used to evaluate your application, and will be periodically re-evaluated during your employment.

Authorization for Disclosure and Collection of Information

I hereby authorize Erie MetroParks and its agents who evaluate and process this application to disclose information from this application and information collected from other sources (e.g. motor vehicle records and security reports) to verify the information and evaluate my application. I also authorize Erie MetroParks to collect information from reporting agencies to verify information and/or evaluate my application. I understand that this information may be personal or privileged information. I understand that if an adverse employment decision is made based upon the information obtained through a third party investigation or records check, I am entitled to a copy of the report upon which the adverse employment decision was made.

Signature of Applicant

Driver's License Number

Date

Social Security Number

EMP P77

When you have completed this application, please email a copy to Melissa Price at sdaniel@eriemetroparks.org to be reviewed. You may also submit your resume and cover letter with this application if you choose to do so. You can also use the "SHARE" feature. Thank you.